

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024338

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 283

FILED JUL 17 1962

VS 3010
Rev. 4 / 59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington		c. CITY OR TOWN Bonne Terre	
Length of stay in 1b 3 mos		Inside Limits Yes No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Easters Home of Ruth		d. STREET ADDRESS (If outside, give location) 321 S. Long St	
Inside Limits Yes No <input type="checkbox"/>		Reside on Farm Yes No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Charles Middle John Last Loewe		4. DATE OF DEATH Month June Day 15 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-3-1891
9. AGE (last birthday) 70		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Valley Dolomite	
11. BIRTHPLACE (City and state and country) Meramac, Ill.		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME Andrew Loewe		13b. MOTHER'S MAIDEN NAME Pauling Fromme	
14. NAME OF HUSBAND OR WIFE Geneva Harlin Loewe		Address Bonne Terre, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Geneva Loewe, 321 S. Long		Interval between onset and death 4 hrs	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY Thrombosis DUE TO (b) GENERALIZED Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CEREBRAL Vascular Accident to left Hemiplegia	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Bonne Terre, Mo.	
21. I attended the deceased from 3-13-62 to 6-15-62 and last saw him alive on 3-13-62 Death occurred at 11:10 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) C. E. Carleton M.D.	
22b. ADDRESS Farmington Mo.		22c. DATE SIGNED 7-2-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jun 18, 1962	
23c. NAME OF CEMETERY OR CREMATORY St Francois Em. Pk.		23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.	
24. FUNERAL DIRECTOR C.Z. Boyer & Son, Inc. Bonne Terre Mo.		25. DATE RECD. BY LOCAL REG. June 18, 1962	
26. REGISTRAR'S SIGNATURE Ether Rudloff			

(Licensed Embalmers Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1 **0945**
2 **0941**
3 **2**
4 **0**
5 **1**
6
7 **1**
8 **2**
9 **4201**
10
11
12 **86-0**
13 **1-0**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Burlin T. Bogue, Jr.

Licensed Embalmer No. 5117

P. O. Address Bonne Terre, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.